

1. CIR./DIST./ DIV. CODE EDNY		2. PERSON REPRESENTED Jeffrey Hurant		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 15-780M		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA V. Hurant et al		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*
18 USC 371

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS CHARLES HOCHBAUM 16 COURT STREET Suite 1800 Brooklyn, NY 11241 Telephone Number : 718-855-4800	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Appointment Dates: <input type="checkbox"/> Because the above named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to be represented by the interests of justice so require, the attorney whose name is:
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)	Signature of Presiding Judicial Officer of U.S. District Court 8/25/15 8/25/15 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO
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CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
	(RATE PER HOUR = \$) TOTALS:				
16. Out of	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$) TOTALS:				
	17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
	18. Other Expenses (other than expert, transcripts, etc.)				

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO:	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements. Date

Signature of Attorney

APPROVED FOR PAYMENT - COURT USE ONLY		
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		26. OTHER EXPENSES
29. IN COURT COMP.		27. TOTAL AMT. APPR./CERT.
30. OUT OF COURT COMP.		28a. JUDGE/MAG. JUDGE CODE
31. TRAVEL EXPENSES		33. TOTAL AMT. APPROVED
32. OTHER EXPENSES		34a. JUDGE CODE
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		